

## **Supporting Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for CP&P Staff and DCF-Contracted Visitation Providers**

**April 20, 2020**

Parent-child and sibling visitation is important now more than ever to reassure children that their parents and/or siblings are safe, and to maintain and strengthen family bonds and positive attachment during an otherwise uncertain time. As such, DCF is relaxing usual operating requirements to permit flexibility that preserves quality of service for families and promotes the ability of families, service providers and CP&P to adhere to necessary social distancing practices.

**In light of the COVID-19 pandemic and the need to protect the health of children, families, and Child Protection and Permanency (CP&P) and service provider staff, the Department of Children and Families (DCF) is temporarily suspending all in-person CP&P and provider-facilitated parent-child and sibling visitation. Related resource families that were previously having regular ongoing contact may continue in-person visitation if all parties agree and abide by standards to ensure the health and safety of participants.**

**In an effort to ensure that children and families continue to have meaningful contact during the COVID-19 pandemic, parents, resource families, CP&P, and service providers shall identify alternative ways to allow parent-child and sibling contact through the use of remote technology.**

DCF understands that these alternatives are not equivalent to in-person contact. As soon as it is safe to do so, DCF will reinstate in-person visitation. In the interim, this document provides guidance for CP&P staff and contracted visitation providers on how to support parent-child and sibling visitation during the COVID-19 pandemic.

### **Talking to children and families about COVID-19**

**Remain calm and reassuring.** Assure families that this is a new situation for all of us and that we are working together to keep them safe. Allow children and family members to talk about their concerns and respond with suggestions to help reduce anxious feelings.

**Limit or monitor media exposure,** particularly social media. Coach parents to rely on factual news sources and provide them links to the Department of Health, Centers for Disease Control and Prevention, or state and local official websites.

**Maintain a routine** as much as possible and focus on engaging the child in learning activities. Many schools, childcare centers, and businesses are closing temporarily or shortening their hours. Children or parents may be out of work. Encourage healthful activities, sleep routines, and schoolwork. Talk with parents about access to resources for food or other necessities.

**Review hygiene and sanitation procedures** to help foster a sense of safety. Provide factual information about the signs and symptoms of the virus and risk factors. Talk with families about screening visitors and avoiding congregate settings. In addition, details should be discussed related to social distancing, avoiding crowded areas, and maintaining a distance of approximately six feet from others when possible to minimize risk.

## Considerations for Remote Technologies

The federal Department of Health and Human Services (HHS) has provided [guidance for telehealth and enforcement of HIPAA violations](#). During this time of public emergency, there will be relaxed enforcement of HIPAA violations using electronic means. Providers, individuals, and State Agencies shall demonstrate a good faith effort to observe and safeguard confidentiality when utilizing video or other electronic communications.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. Under the HHS Notice, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

CP&P, Visitation Providers, resource families and parents will need a device (smart phone, tablet, laptop, or desktop) with an internet connection, microphone, and a camera for video conferencing technology. If not available to visit participants, parent-child visitation should be conducted using another remote alternative, which may include electronic communication (telephone contact, and if not available, email), or by mailing pictures, drawings or at a minimum letter writing.

Telephone contact may be used for facilitating parent-child visits with an incarcerated parent.

DCF will continue working on plans for families that do not currently have the technology to participate in visits.

### I. Reassessing the Family's Visitation Plan

Court-ordered or otherwise approved parenting time or sibling visits must not be prohibited. There may, however, be a need to update the family's visitation plan with all interested parties according to the below considerations:

- **Type of Contact:** CP&P staff, contracted visitation providers and resource parents should make efforts to maintain parent-child and sibling contact requirements by using allowable alternative technology. (See *Considerations for Remote Technology*.)
- **Frequency and Duration of Visits:** The frequency and duration of contact may be tailored to the case circumstances, and in consultation with and agreement among parents and caregivers. Considerations for increasing the frequency and/or duration of visits to allow families more access to each other during this time should occur. Shorter, more frequent remote visits might be preferred by families and may be especially appropriate for younger children.
- **Supervision Level:** CP&P and contracted visitation providers should regularly conference cases to determine if a family has made sufficient change to mitigate safety and risk factors and a recommendation for a lower level of supervision is appropriate. For instance, there is no longer a risk of a parent absconding with a child or physically abusing the child during visits. There could, however, be risks of emotional abuse making remote visits unsafe without supervision or a significant level of intervention needed to facilitate positive parent-child interaction.

Any change to a court ordered visitation schedule must be conferenced with a Deputy Attorney General (DAG) and approval must be obtained from the court prior to implementing any modifications.

### II. Contracted Parent-Child Visitation Services (therapeutic and supervised) and Supportive Visitation Services (SVS) Providers

Parent-Child Visitation service providers will continue facilitating court-ordered therapeutic and/or supervised parent-child visits with families enrolled in and receiving visitation services through their agency. Visits should be conducted using remote technology to support familial interactions. SVS providers should continue to conduct core program activities including the continuum of visitation services, pre-visit meetings and post-visit parent and/or child debriefs, visitation planning meetings and aftercare services using remote technology. (*To learn more about activities to do during remote visits, please refer to Appendix A: Considerations for Facilitating Successful Remote Visits.*)

Parent-Child Visitation service providers and SVS providers may continue to accept new referrals and must follow the below protocols:

- **Assessment of Visitation Plan:** CP&P staff and visitation providers, in collaboration with the families and resource parents, should update the family's visitation plan. (Refer to *Section I. Reassessing the Family's Visitation Plan.*)
- **Documentation:** Parent-Child Therapeutic and Supervised Visitation and SVS providers that are currently required to provide documentation of visits in NJSPIRIT must continue to do so. Otherwise, providers must communicate the following information about the visit(s) to CP&P case managers weekly: date, time, duration, participants, method (e.g., by telephone, video) and summary of activities. All visitation providers should keep track of services being delivered to families during this time.

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### III. Role of Related and Unrelated Resource Families

CP&P and visitation providers should engage resource parents in parent-child visits and convey that, in most cases, participation will lead to better relationships with the children's parent(s) which is best for both children and families. In many cases, parent-child and/or sibling visits do not need to be supervised by CP&P for safety and/or risk concerns. In those instances, and in consultation with CP&P, resource families are encouraged to support children in their care to connect directly with their parents and/or siblings using remote technologies. (See *Considerations for Remote Technology.*) Especially for young children, resource families will need to help facilitate parent-child contact, preferably through video technologies or by telephone. If children are older, less support may be necessary.

Unsupervised, in-person visitation and in-person visitation supervised by relative resource parents may continue if permissible by the court and all parties agree and abide by standards to ensure the health and safety of participants. (See *Promoting Safe, Healthy In-Person Visits.*) When in-person visits are continuing, it is important to use the recommended pre-screening questions to ensure visits are safe and appropriate to occur. If a parent or child is unable to participate in an in-person visit because of sickness or health concerns, parents, resource caregivers, CP&P, and service providers will collaboratively identify alternative ways to allow parent-child and sibling contact to continue until all parties are healthy. (See *Considerations for Remote Technology.*)

**Questions regarding this guidance for supporting parent-child and sibling visitation during the COVID-19 pandemic should be submitted to [askdcf@dcf.nj.gov](mailto:askdcf@dcf.nj.gov).**

## Promoting Safe, Healthy In-Person Visits

If all visitation parties are agreeable to in-person visits, families should use the following guidelines before, during and after visits:

**Ask the below screening questions** of all visit participants and for all household members of participants. If answers to any of the questions are "yes", do not hold an in-person visit and use remote technologies instead.

1. Have you or has anyone in your household come into contact (within 6 feet for 10 minutes or more) with any person known to be under investigation (PUI) for exposure to COVID-19 or anyone with COVID-19?
2. Do you or any members of your household have any symptoms consistent with COVID-19 infection (cough, fever, shortness of breath)?
3. Have you or any member of your household tested positive for COVID-19 in the past 14 days?

**Limit the number of individuals involved in visits** and especially avoid large groups of people (10+ people).

**Avoid handshakes.**

**Thoroughly wash your hands** prior to starting the visit and following the visit.

**Avoid touching your face, mouth and eyes.**

**Cover your mouth with a tissue when sneezing and/or coughing** or do so into your elbow.

**Visit outdoors** when possible. If visiting indoors, do your best to ensure the visiting space is thoroughly cleaned and sanitized before and after visits.

**Appendices:**

Appendix A: Considerations for Facilitating Successful Remote Visits

**Resources:**

[Guidance for Providers of Home and Community Based Services Operating Under Contract with the New Jersey Department of Children and Families, March 24, 2020](#)

[Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

## **Appendix A: Considerations for Facilitating Successful Remote Visits**

Parents, resource families, CP&P, and visitation providers may consider the following activities to facilitate successful remote parent-child and sibling visits. Keep in mind that remote visits, particularly with young children, will require continued involvement to keep the interactions going but resource families should try to watch for opportunities where you can fade into the background and let the parent engage with her or his child.

### *Activities for Infants:*

- Put toys in front of the child, and let the parent watch the baby play.
- Talk with the parent about the baby's likes and dislikes and current routines.
- Older babies can sit in a highchair and eat or play during the visit.

### *Activities for Toddlers:*

- Try asking the child questions about what they are doing, such as: "Where are you going?"; "What are you doing right now?"; or "Where are you running to so fast?"
- Set out favorite snacks to help the child stay occupied during the visits.
- Go with the flow of what children are doing rather than trying to gain their focus.

### *Activities for Preschool-Aged Children (3-5 years old):*

- Set out toys for the child at the beginning of the visit and engage in some pretend play with the child.
- Set up a teddy bear picnic and set the phone or computer with the parent up on a small chair so the child can serve them tea and pretend cookies.
- The parent can read a book to the child.
- The child can give the parent a tour of their room, their artwork, or their favorite toys.

### *Activities for Younger, School-Aged Children (6-10 years old):*

- Ask the children what they want to do during their virtual visit. Help them brainstorm some things they want to show their parents or things they would like to do together.
- Try to figure out an activity parents and children can do together. This can be a shared experience like dual art projects (coloring or drawing together).
- Read a book.

### *Activities for Older, School-Aged Children (11+ years old):*

- Involve the child/youth in planning the virtual visit.
- Ask youth what they would like the visit to look like, where they want it to occur, etc.
- Talk about day to day activities, how learning is going.
- Parents and children can do a learning activity together.
- Parents and children can create a book for each other while contact is limited, like a journal.
- Bake or cook together. Parents can talk a child through making a favorite family dish.